our district of the second second

Under the Paperwo	ENT APPLICA	TION FEE	DETERMINA	TION proper	of information	k Office; U.	through 7/31/ S. DEPARTM Soleve a valid	ENT OF CON
		substitute for F	om PTO-875	THOM RECOL	\$0	App	Cation or pos	OMB control
	•					_ 0	1. XX	<i>\$</i>
	CLAIMS AS F	ILED - PART	Γι				100	111
	(Colum	n 1)	(Column 2)	SMA			G	THER THA
FOR.	NUMBER	EU EO			TT ENTILA	OF	' Si	WALL ENTIL
BASIC FEE (37 OFR 1.16(a))		NUMBER FILED NUMBER EXT		RATE		7	<u></u>	in or DAIL
TOTAL CLAIMS							RATI	ER
(37 CFR 1.16(c))					305	OR OR		
INDEPENDENT CLAIM		nus 20 = -		_ x:25		7 ~		:79
(37 CFR 1.16(b))	· m	· = C sun				OR	×:50	_=
MULTIPLE DEPENDEN	F CV 4114 T T T T			x <u>x x 200</u>	= ·	00	x 200	-
		(37 CFR 1.16	B(d))	+=180.		→ OR		-
* If the difference in col	: UMA 1 le loce than			- (-1100·		OR	+360	2
				TOTAL		7		٣
LI CLA	IMS AS AMENI	ED_ DART	,,			OR	TOTAL	
11 41 7 41 7			и .	•	•			
III VIV	(Column 1)	(Colum.	n 21					
V ~ 10].	CLAIMS	HIGHES		SMALL	ENTITY	OR	ОТН	ER THAN
F117/NS/ 1-1	REMAINING AFTER	. NUMBE	R PRESENT		T.	7	SMA	LEMMY
Total (ST CFR 1.15(ch))	MENDMENT.	PREVIOU	SLY EXTRA	RATE	- ADDI-		RATE	
Total (a) Car CFR 1.16(d)	Valio	PAID FO	R	1	TIONAL		WILE	TIONAL
Independent (SFOR 1.166)	\-\\ / /			× 25		1 : 1		FEE
T (24.044 (*160))	Haylin	K 1/	=	1 ドッシュ	ļ	OR	×450	
FRET PRESENTATION	91/			1 L×=/ CO	1 .			┪┈┈
THE SHARE	H OF KULTIPLE DEPE	HOENT CLAIM (37 OFR 1.16(d))	100		OR	×200	
				1 +480		OR	+860	1
				TOTAL ADO'L FEE			TOTAL	
	oluma 1)	(Column	21 (0-1	•		OR	ADD'L FEE	1
~ I . ~ ~	CLAIMS EMAINING	HIGHEST	, , , , , , , , , , , , , , , , , , , ,	1				
:1	AFTER	NUMBER PREVIOUS		RATE		Г		·
Total	CUDWENT	PAID FOR	Y EXTRA		ADDI- TIONAL		RATE	ADDÍ
CAT CORR 1.16(cf)	Minus	-	. =	100	FEE	. 1	1.5	TIONAL
fridependent	Minus	 		1:25	1		E'A	FEE
				×100		OR 3	·50	
FIRST PRESENTATION	OF MULTIPLE DEPEN	OT O AUG.				OR X	ann 1	• • •
		(3)	CFR 1.16(d))	14:180	. 1	_ [21.0	
				TOTAL		_	3000	
			•	ADD'L FEE			DO'L FEE	
	kumn 1) LAIMS	(Calumn 2)	(Column 3)				- Lines [
RE	MAINING	HIGHEST						
1 · 1 · 1	FTER I	PREVIOUSLY	PRESENT	RATE	ADDI-		T	
lotal (.	NOMENT	PAID FOR		1 1.	TIONAL '	Ī	RATE	ADDL .
. (31 CFR 1.16(d) .	Minus		=	1 35 -	FEE			TIONAL FEE
Independent (27 CFR 1.16(b))	· Minus	***	 	×125		OR X	50	
-			1 1	× 100		~`` <u> </u> ^.		
FIRST PRESENTATION C	OF MULTIPLE DEPEND	NT CI AD		F,100 L		DR X	2001	
		(37 C	FR 1.16(d))	1+4/8/01	1.	- 1		
***				TOTAL			200	
of the entry in column 1 If the "Highest Number If the "Highest Number	othe ent name area	in column 2	la 404 in	ACCOUNT FORM		TO1 10A PC	AL O'L FEE	
If the "Highest Number of the "Highest Number	Previously Paid For	IN THIS SPACE	is less than 20	or 20°				
	Paid For	N THIS SDACE	where was 40.	ler 20"		* *** 4		

The Highest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.